## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 10/543093 FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™ AMENDMENT		LAIVIS	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		DEP.
_1_							51						
2					-		52						
3						<del>-                                    </del>	53 54						
5							55					·	
6	_					<del></del>	56						·
7							57						
8							58						
9							59						
10							60						<u> </u>
11 12						<del>  </del>	61 62						
13							63						
14							64_		l				
15							65						
16							66						
17							67						
18							68						
19							69						
20 21						<b> </b>	70						—
22							71 72						<b></b>
23							73		<del>                                     </del>				
24							74					-	
25							75						
26							76						
27							77						
28							78						
29							79						
30					-		80						
31 32							81						<u> </u>
33							82 83						$\vdash$
34							84						<del>                                     </del>
35							85		<b></b>	-			
36							86	-					
37							87						
38							88						
39							89						
40							90						
41							91 92		-				
43						<del> </del>	93						
44							94	-					<del>                                     </del>
45							95						
46							_96						
47							97						
48							98						
<u>49</u>							99						<u> </u>
50 TOTAL				-	. ,		100 TOTAL						
IND.		- ♣	j		/	♣	IND.				♣	4	1
TOTAL		<b>.</b>	, 1	4	12	, <u> </u>	TOTAL	-			اندا		4
DEP.		7		_	12	~	DEP.		7		7		_
TOTAL CLAIMS			12		13		TOTAL CLAIMS						
PTO - 136	0 (REV. 11/0	4)								TMENT of C			